

**NOTIFICATION OF DIVIDEND or DISTRIBUTION TO
SHAREHOLDERS/MEMBERS from WASHINGTON HEALTH CARRIERS**

Company Name: _____ NAIC Code: _____ Date Mailed: ____/____/____

- 1A. Amount of dividend.....\$ _____
- 1B. How will dividend be paid (Circle one)..... Cash / Property*
- 2A. Date this dividend was declared ____/____/____
- 2B. Date this dividend is to be paid... ____/____/____
- 3A. Dividends paid and distributions made within the previous 12 months from the date on Line 2B:

<u>Date</u>	<u>How Paid *</u>	<u>Amount</u>
____/____/____	_____	\$ _____
____/____/____	_____	\$ _____
____/____/____	_____	\$ _____
____/____/____	_____	\$ _____
____/____/____	_____	\$ _____

* If non-cash, describe the property to be distributed and the method used to determine its fair market value.

- 3B. Total.....\$ _____
4. Sum of amounts of lines 1A and 3B).....\$ _____
- 5A. **Net Worth** as of the previous year-end.....\$ _____
- 5B. 10% of Amount on Line 5A\$ _____
6. **Net Income** as of the previous year-end\$ _____
7. The lesser of Line 5B or Line 6.....\$ _____
8. Line 4 minus Line 7\$ _____
- 9A. If Line 8 is negative, Line 1A is ordinary dividend, check this box ☐ Ordinary
- 9B. If Line 8 is positive, Line 1A is extraordinary dividend, check this box. ☐ Extraordinary
- If **9A** is checked, notification is required within 5 business days of dividend declaration and at least 15 business days prior to expected payment or distribution.

If **9B** is checked, including the above notification requirement, no payment can be made until: The later of
1) 30 days after sufficient notice or if notice is incomplete, then 15 days after receipt of additional information, or
2) 30 days after original receipt; or the commissioner has approved the payment within the 30-day period.

Please note that the payment of any dividend or distribution is prohibited if the payment would reduce the net worth of the health carrier below the greater of: 1) the minimum required by RCW 48.44.037 for a health care service contractor or RCW 48.46.235 for a health maintenance organization or (2) the company action level RBC under RCW 48.43.300 (9)(a).

Certification:

President/Secretary

Date